

Harassment and/or Bullying Complaint Form

The purpose of this form is to inform the District of an incident or series of incidents of harassment and/or bullying so we can investigate and take appropriate steps. **If you feel unsafe, or if your child feels that way fill out this form, but we urge you to speak directly with a Dignity Act Coordinator as soon as possible so we can address your concerns.**

**Middle High School: L.P. Quinn Elementary School:**

**Brian Bennett 359-3322 ext. 2006 Kristin Skiff 359-3322 ext. 1026**

Student Name: Grade: School:

Describe the incident(s). Be Specific. Please include when and where it happened.

List the name(s) of the individual(s) accused of bullying and/or harassment.

Were there any witnesses? Yes No If yes, please list the name(s) of the individual(s).

When did it happen?

* Before School
* During School
* After School
* Unsure

What is the best way to contact you?

* Phone:
* Email:
* Other:

Have you told anyone about the bullying?

* Parent
* Babysitter
* Brother/ sister
* Other family member:
* Teacher
* Other school staff:

Where did the incident happen? Check all that apply:

* Classroom
* Playground/Recess
* Field Trip
* Cafeteria
* School bus
* Library
* Hallway
* On the way to/from school
* Electronically/Cyberspace
* P.E. Locker Room
* Other:

Is this the first time? Yes No

If not, what happened?

Did a physical injury result from this incident?

* No
* Yes (No medical attention needed)
* Yes (Medical attention needed)
* Evaluation by school nurse
* Other medical intervention (Please specify)

Please attach any documents that may be relevant such as pictures or letters.

*I certify that all statements on this form are accurate and true to the best of my knowledge.*

Signature: Date:

**For office use only**

Report received:

Confidential copies sent to:

Student Code Violation occurred: Yes No

Discipline Referral generated: Yes No Date:

Follow up actions planned and outcomes, including staff member responsible for each action: